1: Glacken E-5 (1951-1952) 1993 AC7 Okinawa AC7

1

The Okinawan Midwife

Children are born under the care of a midwife (sanba). Physicians do not attend at birth, but they may be called later if complications develop. Native doctors (yabu), who have now largely disappeared, are not consulted. One midwife may serve several villages. She is engaged some months before the expected birth. Midwives are highly respected. The older ones have added to their initial training a wealth of knowledge based on experience. A midwife in Ginoza village takes care of the expectant mothers of Matsuda and one in Gushichan village serves those of Nanashiro and Minatogawa. Midwives long resident in an area are beloved by the children they have delivered. The children when adult visit her, or she is invited to the homes of those at whose birth she has assisted.

Prenatal examinations are made by the midwife in the 3rd, 5th, 7th, and 9th month of pregnancy, the most thorough of those being the last three. The mother goes to the midwife for the examinations, but the birth takes place in the home. A birth other than in one's home is considered bad luck.

Starting with the 5th month, the belly is wrapped around with a flannel sash (a haraobi). On the 5th month, it may be 7 shaku (about 7 feet) long and about 8 inches wide; by the ninth month, a 9 shaku length is used. The sash is not needed, in one midwife's opinion, during the last month of pregnancy, but it may be left on. While the sash is worn, it is taken off three times a month for laundering. The purpose of the binding is to keep the child in its natural position and to prevent it from turning and causing an abnormal delivery.

After birth, the child may be slapped on the backside if the mother has been in labor 17 hours or more. According to one midwife, the usual labor for a first child is about 17 hours, and 7 for the second. The midwife cuts the umbilical cord and may, but not always, dispose of the afterbirth (taiban, iya in Japanese).

In the villages, this may be disposed of by women relatives or by the father. It is buried, following an old custom, behind the house in a place where it does not rain. In Matsuda, women relatives wrap the placenta in a cloth and bury it, while friends, relatives, and children gather around and laugh. There are variants of this custom. In Minatogawa, the afterbirth is wrapped in a cloth and buried back of the house by the father. Neighboring children gather and laugh while this is going on. The reason for the laughing is that the new born child may always smile and be gay. In another variant, the father alone does the laughing. In all villages studied, this custom in its variants still has vitality.

According to a Ginoza midwife, maternal death in child birth is unusual. Nanashiro women said the same. Miscarriages in early

164 Okinawans
[753] blame tooth decay on the brown sugar. It may be diet or water.
[515] Use of tooth brushes varies considerably with individuals and families.

515 The standard of cleanliness in Okinawan homes is not high,
511 but this cannot be ascribed to indifference. One should constantly bear in mind that it is easy to keep clean with plenty of soap, showers, hot running water, washing machines, and flush toilets.

9

Native Medicine

278 The native medicine has already been referred to in the discussion of fish and wild plants used as medicines. Their use has declined with growing reliance on manufactured drugs and pharmaceuticals.

759 The golden needle (kinbari) is still used by rural doctors (yabu)
[759] in the treatment of inflamations of the joints and rheumatism. There was one such doctor in Hinatogawa, but ordinarily he is called only when real medical attention is not available.

[913] The needle is scarcely thicker than a horse hair. It is encased in a shaft about 2 3/8 inches long. The grip or base of the needle is 3/4 of an inch long and the needle itself 1 7/8 inches. The needle is tapped and gradually worked into the affected part, and a length from 3/4 to one inch is broken off and allowed to remain in the body and circulate to effect its curative powers.

Blood letting is still practiced, often by the individual himself. Thin cuts are made with a razor, generally on the forehead above the eyebrows and slanting toward the bridge of the nose. This is done to relieve headaches and general pains and may be resorted to after aspirin has failed to relieve a headache. On a close look, one can often observe the slight, thin, long scars, which look like tiny wrinkles, resulting from these slashes. During the operation, a sake cup is held up to the place being cut. The cup may even have a little sake in it. When done by a native doctor, the blood may be sucked through a small tube and allowed to drip into a sake cup.

Cauterisation using mogusa (moxa) also is still common. One can frequently see scar tissue, the results of burning mogusa on the flesh, usually in the area around the wrist. Mogusa is applied with glowing charcoal sticks, burning thread, or tobacco. It is used for no specific complaint, but as a counter-irritant cureall for a wide variety of ailments.

[386] Acupuncture apparently is little used now. Formerly an area was pricked with a needle, or a series of needles brought to a point, and an indigo dye applied. One can observe these round spots, circles of dots, occasionally on the shoulders and the backs of older people. These should not be confused with tattooing.

2:Maretzki & Maretzki E-6 (1954-1955) 1963 AC7 Okinawa AC7
Taira

director with assistants and clerks. The clerks are always young people just out of school who receive nominal wages in return for a seven-day work week. The township office employs as janitor a girl who keeps the office in order, serves tea at any time during the day, washes dishes, and helps to cook meals for entertaining. Her family owns one of the largest houses in the central village and more land than most others. No social stigma is attached to her job; in fact, most Taira girls would consider it a privilege to exchange their mountain work for her kind of employment even though they would earn no more. Another girl, employed by the local "doctor" as nurse and maid, lives with the family, eats with them, and sleeps with their children. Only one farmer employs a hired hand, a man from another township.

Among others living on a salary is the postmaster. His father held the same office, and his son is now trained to succeed him as the third in line. The rice miller, a man from outside the village and married to a Taira woman, and the "doctor" also depend for most of their incomes on specialized services. The latter owns his dispensary and small hospital. He receives some financial support from the township government. His services to people are compensated for either in cash or kind. Patients who are unable to pay at once will bring rice to his house after the harvest. These remunerations, pig raising, and other side activities make him, along with the rice miller and the postmaster, the wealthiest person in Taira. Local male school teachers also own fields, to which they give time in the afternoons and Sundays to help their wives.

The priestess and her assistants, although they are religious specialists, are not paid in money for their services. They participate in daily work like the rest of the village. Only when performing services outside the community is the priestess paid a small fee. Within the village she receives the food and sake which are offered in the ceremony, whether she is called by a family or prays at the village shrine on a general holiday.

DIVISION OF LABOR BY SEX AND AGE

Men and women are equal partners in everyday economic activities, both in agricultural and forest work. Only a few occupations are clearly differentiated by sex: fishing, the handling of horses, and the carrying of night soil are done exclusively by males; housework and the care and feeding of pigs predominantly by women. Some agricultural work is considered too heavy for women, for example, the turning of the

2:Maretzki & Maretzki E-5 (1954-1955) 1963 AC7 Okinawa AC7
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year. On these occasions his parents take gifts of tea, noodles, and whatever else they can spare to the foster parents. During their visit the foster parents present the gift as an offering on the ancestral shrine and pray to their own ancestors, the guardians of the foster child. It is believed that this may help to offset the adverse effects of the child's own ancestors.

In spite of some treatments, such as blood letting and moxa cautery, which seem harsh to the unaccustomed observer, Taira people are extremely concerned about their sick. Illness, and most of all the need to remove the patient to the local dispensary or to a hospital in town, involves the whole family. No one likes to leave a sick person alone. His family and friends attend to him in such numbers that the small rooms are never large enough to hold all. The security given in everyday life by the presence of relatives and neighbors in the village continues during the critical period of illness. In the case of a fisherman from the south who was washed ashore in his boat after a storm, township officials kept the man continuous company in his dispensary room even though he was close to death. Female relatives cook meals and look after the comfort of a hospitalized person. This means that a young girl or an older woman will leave her usual work for days or weeks to attend the patient.

Because of intimacy in the home and visits to the sick, children are quite familiar with illness. A mother who has to go to the hospital takes her youngest child with her. After burning moxa weeds on her skin for two weeks had failed to cure a nephritic condition, one woman went to the hospital in town, taking her 8-months-old daughter although she did not have enough milk to nurse. The infant had to be given bottled milk prepared from cans. Meanwhile the older children remained under the care of their father.

There is, however, little concern with children who have minor ailments. A school child may be excused from attending classes. In one case a boy stayed home from school with stomach pains. He was happily playing with younger children in the street. One of the adult villagers walked past, stopped after seeing him, and inquired: "Why aren't you in school today?" When told by the boy that he had an upset stomach, the man ordered him to go home right away and stay inside or go to school. The boy's mother, although aware of her son's discomfort, did not pay any special attention to it.

Preventive medicine is officially the responsibility of the public health nurse. She advises people on proper preventive care, inocculates children against whooping cough, diphtheria, and other diseases. She also acts as an advisor to mothers on child care and occasionally helps with a birth if the doctor is unavailable. If a case is diagnosed as

744 tuberculosis, the public health nurse teaches the family how to treat the patient in the home by giving him rest and drugs provided through her. Isolation, though recommended, is not carried out effectively, as might be expected from the general treatment of sick in the village.

744 759 Like most public offices in Okinawa, the nurse's carries with it a large load of administrative duties. Between these and attending meetings and lectures at Nago hospital, there is relatively little time to cover the long distances between villages. Taira is fortunate to be the residence of the nurse, and when occasionally a nurse from another township comes to help her with inocculations, the children crowd around her and say "We want 'our' nurse to do it."

743 759 758 [844] The dispensary, or small hospital, in Taira is owned and run by a former medical corps man in the Japanese Army, referred to as "doctor." After the war the government gave permission to a number of former army medical personnel to practice on a limited scale in the villages. The Taira practitioner takes the place of a midwife, gives first aid, and diagnoses simple illnesses. If there are no complications, a patient requesting medical care may be kept at the dispensary, where a family member and the doctor's "nurse," a young female servant, attend to all his needs. If the doctor is confronted with a complicated birth or a case requiring surgical skill, he refers the patient to a private clinic in Nago or to the public hospital there. The township gives financial aid to the doctor to maintain his establishment.

[657] 757 [278] [262] [759] Penicillin has become the doctor's stock in trade, and other antibiotics and drugs are liberally administered via the hypodermic needle. But the doctor does not restrict himself entirely to the use of recognized Western medicines and practices. He may recommend special diets to which people have resorted for a long time, such as goat soup, which is believed to cure colds. Although the doctor has a high status in the community, most persons do not rely on his advice alone but resort to other practitioners and their remedies.

[759] Until a few years ago a popular medical practitioner, the bush doctor, resided in Taira. After his death nobody took over his work, and now many people have to travel far to receive treatment from a bush doctor in another village. His methods primarily include the use of moxa cautery, burning mogusa weed on the patient's skin, and acupuncture by the use of a fine golden needle. He may also prescribe a certain diet and the use of special herbal remedies, which the patient prepares for himself. Those who have great confidence in the bush doctor's competence, particularly older persons, do not consult the Taira doctor at all.

758 In all their dealings with sickness and its prevention, Taira people are severely handicapped by their economic conditions. Even families

2:Maretzki & Maretzki E-5 (1954-1955) 1963 AC7 Okinawa AC7
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women in Taira. Three young mothers, who continued to work despite the discomfort and pain of swollen extremities, consulted with the doctor in the nearby town, and a fourth described this condition, which had prohibited her from any but the most simple and undemanding work. The old people look upon unusual pregnancies in askance. "Work, good, hard physical labor is what we did and we never had any difficulties. Young people pamper themselves."

Special foods and advice are proffered the expectant mother for the benefit of the baby. "Eat this so that you will have lots of milk for the baby. Remember that spicy things are bad for the baby. Do you recall the one who was born with a great patch of hair on its arms? Its mother was frightened by a great big cat while she was carrying that child," comment villagers to the mother. Some husbands indulge their wives' cravings for special delicacies like expensive imported fruits.

To keep the baby in position, a sash is wound several times about the pregnant woman's abdomen by a midwife or some old woman.

In the "old days" it was not unusual for a woman to return from the mountains or fields carrying her newborn. Grandmothers recall with relish the days when "Women paid little heed to their condition, did hard work, and had their babies without a whimper." "The women today pamper themselves," snap the wizened grandmothers watching an expectant mother resting between trips to the mountains.

As the day of parturition approaches, the expectant mother schedules her work to remain as close to the house as possible. When labor starts, she retires to the back room of the house, which is situated next to the kitchen. The medical practitioner, or in his absence a midwife,* is called to assist in the delivery. The husband's mother, if she lives in the house, or other older related women attend. A man may be present during his wife's first delivery but at subsequent births will wait with some of the women in the front room. In the old days a woman was supported by her husband or someone else in a half-sitting position. Nowadays, however, women give birth lying down. Only rarely does a woman in labor cry out in pain. Soft crying is permissible, but any loud demonstration would elicit contemptuous comments from the older women. "If you had worked hard, the baby would not be so big, then labor would not be difficult," is an often heard retort.

Informal interviewing revealed that birth takes place in a large number of cases during late evening or early morning hours. Usually children of the house sleep on undisturbed. Should they awake, they are kept out of the delivery room, although the youngest may be allowed to enter to visit with his mother shortly after delivery.

The newborn is bathed in tepid water then bundled in blankets,

* At present there is no midwife in Taira.

warned to be careful on days corresponding to their birth-years. A man who was a "bird person" could not go to participate in a bone-washing because it was held on a Day of the Bird. During the recurrence of one's birth-year, he must be cautious during the whole period. 805 527

The Western calendar was introduced into Okinawa after the Japanese annexation, but it is still referred to as the "new calendar". It is the calendar of the schools and government and of business, but not of the farmer. In the city the more important celebration of New Year's is held on the "new" New Year's; in the country it is on "old" New Year's a month later. 805 177

Before the Japanese annexation years were named in an absolute sequence (that is, besides being named by position in the cycles of twelve and of sixty) by the reigns of Chinese emperors. After the annexation the reigns of Japanese emperors were used. At the present time the Western chronology ('seireki') is official, but some still speak of the year 1954 as "Shōwa 29", the 29th year of the reign of the present emperor.

Birth and Infancy: Notions about Conception Okinawans recognize that sexual relations are necessary for but do not always result in conception. Younger people have heard of the struggle of the sperm to reach the egg, but their notions may be rather foggy. For example, a woman in her middle thirties, discussing the responsibilities of parents, argued in the following manner: a woman cannot conceive without having an orgasm; she cannot have an orgasm without feeling love ('aijō'); hence conception is the result of love, hence she should willingly take responsibility for her child. The ethical principle involved in this argument may not be typical, but the lack of precise information of physiology probably is. And it suggests two things: first, that women may inhibit their emotions as a contraceptive measure, and second, they may be willing to take chances in having sex relations thinking that they can inhibit conception. But it is worth noting here that young women do not discuss these matters very freely and hence generalizations may be very unsafe. 842

Condoms are sold in the cities but probably not in the country. A former country woman living in the city believed that country people would use them if they knew of them, but that they do not know. She regarded four children as enough. However, a young unmarried man from the city said that one would use a condom only when visiting a prostitute; it would be insulting to use one with your sweetheart. Some of this attitude may carry over after marriage.

Pregnancy If a woman believes that she may be pregnant she goes to a midwife for a diagnosis. This is usually about three months after her last menstrual period. The fee is usually ¥50. If she is in fact pregnant she continues to consult the midwife and the midwife attends her at the birth of the child. The total fee is about ¥1,000. 843 [759]

For the good of her unborn child a pregnant woman is urged to be happy and to avoid situations potentially harmful to it; for example if she were to go to a funeral or a bone-washing the shii, a sort of soul, of the baby might be drawn into the tomb. [574]

Other Diviners Besides the sanjinsoo there are several other types of diviners, such as palmists, physiognomists, and card readers. Some of these combine prayer and supposed reliance upon supernatural powers with their science. For example in Ishikawa there is a young woman who is referred to as a kaminchu-gwaa or yuta-gwaa, though neither term is very apt. She is consulted about the character and future of individual persons. Her performance consists of asking the birth year of the person in question, praying, and then dealing out a fortune from a pack of playing cards of an archaic type. She charges ¥30 for each person inquired about. As with the true yuta illness may be a matter on which she is consulted.

Like the sanjinsoo, these persons are found mainly in the larger towns and cities, where it appears that they manage to make a living. Whatever the law reads on the matter the police and the public evidently regard these professions as legitimate as long as the practitioners are sincere in their work. There was a famous case in Ishikawa about 1951, however, where two young women set up an establishment as diviners. They are said to have given advice free to the needy at first and built up a large clientele, whereupon they began overcharging their wealthier customers and spending the money on riotous living. Finally the police put a stop to their activities, charging them with giving advice in an irresponsible manner.

The Yabuu The term yabuu seems to be derived from the Japanese 'yabu-isha', literally "bush-doctor", defined by the dictionary as "quack". The Japanese and English terms, however, reflect attitudes that are probably not associated with the Okinawan yabuu. The yabuu is a practitioner of 'Kampōi', "Chinese Medicine", a term that was once coordinate with 'Rampōi' "Dutch Medicine", that is, modern Western (and now modern Japanese) medicine. The methods of the yabuu include moxibustion, acupuncture, and the prescription of various foods.

Moxibustion (Japanese 'o-kyū') is the burning of 'mogusa' or "moxa" on the patient's flesh. On an occasion which I observed, a woman brought a child of two or three to be treated. The yabuu took out his charts of the body, which, he explained, showed where the nerves may be reached. The theory seems to be that the burning activates the nerves and causes the body to throw off the illness. In this case the child seemed to be suffering from some internal disorder. Its body bore the scars of previous treatment. The yabuu, after consulting his chart, painted four dots on the child's bare back with a red liquid. Then he wetted a finger and put on each dot a tiny bit of 'mogusa' and with a lighted punk lit each bit, let it burn down to the skin, and then tamped it out. His wife then wiped off the ashes, leaving a small black scar where each dot had been. He then burned six more spots on each side of the child's chest, four around the navel, one on each ankle and one on each wrist. Throughout the procedure the child cried and had to be restrained by its mother. The scars, however, are said not usually to be permanent.

Acupuncture consists of inserting into the flesh a long gold needle ('kimbari'), usually at the afflicted spot. It is used, for example, to relieve the stiffness of the hips associated with childbirth.

759 757 [278] The yabuu also prescribe herbal remedies. They do not, however, prepare their medicines, but rather instruct the patient how to gather and prepare the plants for use. The act of preparing one's own medicine may thus have a magical value. Yabuu also prescribe the eating of certain parts of certain animals for their good influence on the corresponding parts of the human body. Dogs and cats are among the animals so used. (This practice may be the source of the belief widespread among Americans on Okinawa that the Okinawans eat dogs; they do, on rare occasions, but not as food, merely as medicine.)

759 Short-cut Systems Standing somewhere between the yabuu and the modern doctor are several types of practitioners who give treatments with heat, light, steam, etc. as all-purpose cures. One man was observed to use a tube in which he burned a substance, probably moxa, while he moved it over the patient's body. His system seemed to be the moxibustion of the yabuu dressed up with "scientific" gadgets. He was described by a friend as "half-doctor half-yabuu", a description that was meant to elicit a favorable response since it implies that he possesses the efficacy of both.

759 278 [164] In addition to these full-time professionals on the fringes of medicine, there are also a number of part-time penicillin-shooters, who are particularly active in areas frequented by American personnel, where they are in demand for the treatment of venereal disease. Penicillin is sold freely and in quantity, perhaps because of the prevalence of venereal disease, and has become a very popular treatment even for very minor infections. Hormone shots also seem to be widely used by untrained persons.

759 [177] Modern Medicine There are of course modern Japanese-trained doctors on Okinawa. But they are relatively few in number, about one for every 3,900 persons.[1] Trained nurses and medical facilities are also too few and too little. But even if there were more doctors and more facilities, it is doubtful that the ordinary Okinawan would make more use of them.

759 753 829 [554] Medical doctors have a high status in Okinawan society. They are admired and respected. Parents frequently express the wish that a son might grow up to become a doctor. But the advice of the doctor is not always heeded. The respect may be more for his education and the social position it gives him than for his professional opinion. In the matter of illness the advice that the ordinary Okinawan respects is more likely to be that of the older members of his own family and of the familiar yuta, sanjinsoo, and yabuu, for this advice is given in terms of insufficiency of worship, soul-loss, and the influence of the twelve-year-cycle. These are concepts that are familiar to him and have an integration with other beliefs, which the concepts dealt with by the doctor do not have. The doctor's very disregard of the supernatural runs counter to the feelings of the

[1] CAARI, Vol. 1, no. 2, p. 52 gives 126 practicing physicians for Okinawa plus 50 working for GRI. Japan has about one for every 1300 persons; Japan Statistical Yearbook, 1950, gives 63,273 (p. 432) and the total population as 80,216,896 (p. 12).

ordinary Okinawan. Besides, the doctor's interpretation of illness and its cause is more likely to put the responsibility for it on the shoulders of the individual, whereas the traditional interpretation makes the individual less responsible. This, I suspect, is likely to make the doctor's interpretation less popular. Also the treatment received from the native practitioners is familiar and predictable, while the doctor's methods vary more greatly with the nature of the illness, as do his fees.

Another factor contributing to the tendency not to go to the medical doctor may be the very respect in which he is held socially. I have already suggested that in the fields of religion and politics Okinawans try to solve problems at the local level without appealing to higher authorities. This may also be true in dealing with illness. The relations between patient and doctor are certainly of a more formal sort than those between patient and yuta or yabuu. And around the relationship between patient and doctor there have grown up customs that may make the patient hesitate before entering a doctor's care. For example, a patient who is discharged from a hospital after a successful surgical operation (this may not be true of the largest and most modern hospitals) is expected to show his gratitude by giving a 'Tai-in no O-iwai' ("Leaving the Hospital Celebration") on the day of his departure. For this he hires a yuta or some appropriate person to pray for him, he gives gifts to the doctor and the nurses who attended him, and distributes holiday cakes to the other patients. If this is done in style it may cost the patient nearly as much as the operation itself.

5. Prospect of Change

Earlier in this chapter I suggested that Okinawan standards of sanitation might be raised by appealing to individual family pride in appearances. The sphere of sanitation might be pushed out of the house and across the yard by increasing the family's feeling of identification with it. An esthetic appeal might also be made. Okinawans are certainly not insensitive to beauty, and many do have little patches of flowers beside these houses. Standards could also be raised by encouraging more community endeavors. There seem to be a much greater need for this in the city than in the country, where long-established patterns of cooperation in agricultural practices, house-building, etc., exist. It is my impression that in the cities the 'han' or some even smaller unit could be used more effectively in keeping yards and streets clean and drained. It must be remembered that what is needed is constant cleanliness, not merely the sort of holiday cleanliness that comes with periodic inspection. It must also be stressed that the reasons for unsanitary conditions are part of a vicious circle. Filth leads to a high rate of infection from disease and parasites, this leads to diminishing energy and greater poverty, and these in turn cause more unsanitary conditions.

But improving sanitation will probably be rather easy compared to the problem of changing Okinawan attitudes toward disease. In talking with Okinawans, it was in comparing Okinawan and American treatment of disease

52 178 621 The general characteristics of the changed entertainment patterns have been a greater reliance on entertainment provided by sources outside the village---the school, radio, movies---and a sharp decline in celebrations and festivals of the sort which emphasized village participation and unity.

757 753 177 Health and Medicine Changes in medical practice well illustrate the principle that material things find more ready acceptance than ideas in the diffusion of culture; in short, Okinawans have been willing to adopt modern medicine when available, but not modern medical principles. Pills, shots, surgery, dentistry, penicillin, and DDT have found acceptance, while modern scientific concepts of disease, health, and sanitation seem to have made relatively little headway. The germ theory, for example, has barely penetrated.

753 751 177 However, on talking to people of different ages one becomes aware that many changes in standards of sanitation and ideas about health and disease actually have taken place in the last fifty years. For example, evidence of the practice of tattooing various parts of the body as a cure for certain ills is rarely seen on persons under seventy. Similarly, though many of the younger generation may appear abysmally ignorant of modern knowledge of disease, they are always less ignorant and better informed than the preceding generation. Considerable progress toward better sanitation was made under the [364] [231] Japanese. Formerly the Okinawan privy was built atop the pigpen, and the pig subsisted in part on human feces. Stern measures were required to force the abandonment of this practice. The Japanese also introduced monthly sanitation inspections; inoculations for babies and school children were made compulsory. [515] Through the influence of the schools the toothbrush (usually one) became a part of every home. The Japanese also sent notable scholars into the countryside [582] to lecture the people on the dangers of in-breeding practices, particularly kin-group endogamy.

757 177 Penicillin, which was introduced by the Americans, has become a popular treatment, achieving equality with moxacautery and cutting to let blood. It can be obtained easily at any drug shop, and every doctor, midwife, herbalist, and practitioner of any sort is prepared to administer shots. Reliance excessive even by American standards is placed on this drug. There seems, in fact, to be a fondness for shots which does not end with penicillin; hormone shots and various other injections are widely advertised. It is the opinion of the author that any type of modern medicine which cuts, punctures, or otherwise disfigures the skin will find ready acceptance; this, it is felt, is merely an extension of the tradition of acupuncture, moxacautery, tattooing, and cutting. Bettelheim states that in the 1850's the Okinawans made inquiries as to how inoculations for smallpox might be obtained.[1]

759 178 There is some indication that the yabu, a practitioner whose chief stocks-in-trade are herbs and moxacautery, is slowly disappearing; in several communities the author was told that since the old yabu died there had been no replacement.

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[1] Bettelheim, B. J., Loochoo Mission, London, n.d., pp. 34-36.